PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10790336

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN		
TOTAL CLAIMS			3)		(Column 2)		1	TYPE		OR	OR SMALL ENTIT		
			 / 		_			RATE	FEE	4	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00	
T	OTAL CHARGE	ABLE CLAIMS	3/ minus 20=		* 1)			X\$ 9=	99	OR	X\$18=		
<u> </u>	DEPENDENT O		minus 3 = "					X43=	43	OR	X86=		
M	JUIPLE DEPE	NDENT CLAIM F	HESENT					+145=		OR	+290=		
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL	527	OR	TOTAL		
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
Γ.	(Column 1) CLAIMS		(COII			(Column 3)	! r	SWALL			SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus ***			=		X43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									1	.000		
1 10 19 22								+145=		OR	+290=		
								DDIT. FEE		OR	TOTAL ADDIT. FEE		
	·	(Column 1)		(Colum		(Column 3)	_						
ENT B		REMAINING AFTER AMENDMENT		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		= .	F	X43=		1 t	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						┢			OR	7.00-		
							L	+145=		OR	+290=		
							Αľ	TOTAL DIT. FEE		OR ,	TOTAL DDIT. FEE		
		(Column 1)		(Columr		(Column 3)				•			
MEN	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA			ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**	1	=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=	\vdash	X43=		_ 			
	FIRST PRESE	-	^43=		OR	X86=							
	the entertains		145=		OR	+290=							
11	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DOTT. FEE		
T	he "Highest Num	ber Previously Paid	For" (Total or	Independent) is the h	ighest number	found	in the appr	opriate box				